



Child Registration Form

Child's Name _____

Date of Birth _____ **DCN** _____

Social Worker _____ **County** _____

Emergency Contact _____ **Phone** _____

Health concerns _____

T-Shirt size _____ (Indicate youth or adult)

Adult Supervising _____ **T-shirt Size** _____

Please attach a signed DFS-AEM-1b (Consent for recruitment efforts)

Return completed registration forms *by September 1st* to:

**Pulaski County Children's Division
712 Historic 66 W
Waynesville, Missouri 65582**

**A door prize will be available for every foster/adoptive child.
Please list 3 possible ideas your child would appreciate (\$10.00 or less)**
